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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

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INDEXED +

IN REPLY REFER TO

AGAM-P (M) (24 Jan 67) FOR OT

27 January 1967

SUBJECT: Operational Report - Lessons Learned, Headquarters,  
67th Evacuation Hospital

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 67th Evacuation Hospital for quarterly period ending 31 October 1966. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

*Kenneth G. Wickham*

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

1 Incl  
a/s

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ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT  
(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

**HEADQUARTERS  
67TH EVACUATION HOSPITAL  
APO 96238**

**AVCA MB GB EA**

**7 November 1966**

**SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 October 1966 (RCS CSFOR-65)**

**THRU: Commanding Officer  
55th Medical Group  
ATTN: AVLC-MB-GB-B  
APO 96238**

**TO: Assistant Chief of Staff for Force Development  
Department of the Army  
Washington, D. C. 20310**

**Inclosure No. 1**

7 November 1966

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Ending 31 October 1966 (RCS CSFOR-65)

## SECTION I - SIGNIFICANT ORGANIZATIONAL ACTIVITIES

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This period has been one of great significance to members of the 67th Evacuation Hospital as the unit went from a non-operational status to that of a functional patient treatment facility. Activities of the unit were concentrated in four areas; providing routine administrative and logistical support, construction of the new hospital complex, support of other medical facilities, and the functional operation of the new hospital.

When completed, the hospital complex will consist of 30 buildings of which ten (10) buildings will be permanent type construction, ten (10) will be hootch type buildings and ten (10) will be double quonset huts. Eight (8) of the permanent type buildings, one (1) hootch type building and eight (8) double quonset huts were completed as of 5 October and make up the present physical plant of the hospital. The two (2) permanent buildings still under construction are "H" type and will serve as hospital wards. One is to be completed 5 November and the last one on 15 December. The major construction task remaining is the hootch type buildings which are to serve as the enlisted barracks, BCQ, WOQ, and mail room. Construction has not begun on these buildings; however, the ground site is being prepared at the present time. See Incl #1 for site diagram.

Although the 67th Evacuation Hospital was essentially unoperational until 7 October, its personnel and much of its equipment was utilized to augment other units. A notable example of this augmentation is the increased bed capacity of the 85th Evacuation Hospital, which stayed 200 beds over its normal TOE capability. Assigned administrative personnel carried out their usual duties within the unit. However, the registrar personnel were attached for duty at the 85th Evacuation Hospital until 1 October when they returned to organize and operate the Registrar Division of this hospital.

At this time the hospital has a bed capacity of 112 exclusive of pre-operative beds. The 542d Medical Company (Clearing) maintains eighty (80) beds under canvas for use by convalescent patients of this hospital. The normal bed capacity of the two facilities is 192. In addition, eight (8) pre-operative beds have been earmarked for use if the need should arise, thus increasing the total bed capacity to 200 beds. See Incl #2 for admission and disposition figures during the period 5-31 October.

In early June the hospital mess was designated a transient mess for the purpose of providing convenient mess service for transient aircraft crews. During the period 1 August thru 31 October the mess section fed approximately 32,550 men for breakfast; 48,450 men for dinner; and 33,150 men for supper. Beginning 5 October the mess section took on their main function Diet Therapy and Ward Service in addition to continuing to operate as a transient mess. A tremendous credit must go to the mess section for its ability to get the job done even though the section did not have its full complement of trained personnel.

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Six (6) local nationals are currently undergoing on the job training as cooks. It is anticipated that within 90 days these personnel will be sufficiently trained to function as second cooks.

On 4 August, Mr. Fisk, Assistant Deputy Secretary of Defense (Health & Medical); Dr. Stinchfield, Professor of Orthopedic Surgery, Columbia Presbyterian Hospital; and Dr. Wyllie, Professor of Surgery, Head Thoracic Surgery Department, Columbia Presbyterian Hospital, visited the hospital for a first hand view of the medical facilities available in Vietnam. They were very much impressed with the 67th Evacuation Hospital even though we were still in the process of construction.

On 5 August, the unit provided ten (10) 2½ ton cargo trucks and trailers with drivers and assistants to form a provisional truck company to move supplies to the newly arrived Fourth Division at Pleiku. As more and more supplies were needed in the Pleiku area, we continued to provide vehicles and drivers. Service such as this continued through the entire quarter. At the present time however, we are only providing one (1) 2½ ton cargo truck and two driver personnel.

The movement of the ccnexes containing our medical supplies from the 85th Evacuation Hospital area to the bulk medical supply warehouse commenced on 18 August. This initiated what was to become two and a half weeks of steady warehousing for the supply section. It is noteworthy that all the equipment was inventoried, inspected and found to be in excellent condition even though these ccnexes of supplies stood in the hot sun of Vietnam for over five months.

COL E. S. Chapman, Deputy USARPAC Surgeon arrived 19 August accompanied by COL R. T. Miller, MC, CO, 44th Medical Brigade, and LTC R. W. Blohm, MC, USARV Surgeons Office. They were given a short briefing by LTC Holzworth and a tour of the hospital complex. Although the hospital was still under construction, the visitors were very much impressed by the proposed physical plant and the progress being made.

On 5 September, Major General C. W. Eifler, Commanding General, 1st Logistical Command, accompanied by Brigadier General Meyer, Commanding General, Qui Nhon Support Command, and COL O'Dell, CO, 55th Medical Group, visited the new hospital site and were briefed by LTC Holzworth on the status of construction and utilization of personnel. General Eifler was pleased with the progress of construction but reiterated General Westmoreland's desire that the hospital should be completed and operational as soon as possible.

LTC Tierny, ANC, Chief Nurse, USARV, visited the hospital site on 12 September and discussed ANC shortages with LTC Coover, Chief Nurse, and LTC Holzworth, Hospital Commander. LTC Tierny assured LTC Holzworth and LTC Coover that every effort would be made to liquidate these ANC shortages as soon as possible.

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On 20 September, the newly constructed power plant for the hospital was completed and the power turned on. Although, initially there was only one (1) 250 KW generator in operation, in subsequent weeks two (2) more 250 KW generators were added for back up. This relieved a tremendous strain that was placed on the unit's TOE generators; consistent optimum power being the primary advantage.

During the week of 25 September many crucial decisions were made which eventually made history for the 67th Evacuation Hospital. On 26 and 27 September, COL Thomas P. Gaito, Executive Officer, and LTC John W. Hammett, S3, 44th Medical Brigade visited the new hospital to discuss the feasibility of opening the hospital during the first week of October.

On 27 September, COL Vandepool, LTC Sutherland, and LTC Boyd from Qui Nhon Support Command visited the hospital to assess the support being given and where it might be improved.

The decision came on 28 September that the 67th Evacuation Hospital would officially open on 7 October. A step up on construction was initiated for all concerned. On 30 September, CPT Lamb, Sanitary Engineer, USARV Surgeon's Office visited the hospital for analysis and recommendations concerning water system and sewage system. A detailed report was submitted to USARV Surgeon.

By 1 October, 90% of our personnel were relieved from duty at the 85th Evacuation Hospital and were busily preparing the new 67th Evacuation Hospital for its opening day. The 2d of October brought water flowing through the hospital water system. Although the water was non-potable, the presence of water relieved a major obstacle in opening the hospital.

On 4 October, LTC Lester R. Boyd, MSC, S4, LTC John H. Wrigley, MSC, S3, LTC Boyd, CH, Chaplain, and CPT O'Brien, MSC, S1, from 44th Medical Brigade visited the new hospital for the purpose of assisting hospital staff sections on any difficulties presently hindering the function of the hospital.

At 1340 hours on 5 October 1966, the 67th Evacuation Hospital admitted its first patient, PFC Herminio Narvaez, US50181482, 820th Ord Company, APO 95238. By 2400 hours, 6 October, the patient census in the hospital was 104.

The official opening of the 67th Evacuation Hospital took place on Dedication Day, 7 October 1966. Major General C. W. Eifler, Commanding General, 1st Logistical Command, Major General Lew, Commanding General, ROK Tiger Division, Brigadier General Meyer, Commanding General, USASC, QN, plus many, many other dignitaries and guests were present. LTC Holzworth gave the opening address emphasizing and thanking the people for the tremendous task and many obstacles that were overcome to make

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that day become a reality. Upon completion of the ribbon cutting ceremonies by General Eifler, a tour of the hospital was conducted by LTC Holzworth.

On 12 October, the 67th Evacuation Hospital was given the distinct honor of having the Honorable Robert S. McNamara, Secretary of Defense; LTG Nguyn Huu Co, Deputy Prime Minister, RVN; GEN Earl G. Wheeler, Chairman JCS; Adm U. S. Grant Sharpe, CINCPAC; GEN W. C. Westmoreland, COMUSMACV; Honorable Arthur Sylvester, ASD (PA); and sixteen (16) other high ranking dignitaries, visit and tour the new hospital complex.

On 25 October, RADM John W. Cowan, MC, USN, CINCPAC Medical Officer; COL David G. Eisner, MC, USA, USMACV Surgeon; COL John E. Haggerty, MSC, USA, CINCPAC, paid a courtesy visit to the hospital. They were very impressed by this modern medical facility.

The hospital's safety program has placed emphasis on the control of weapons and orienting drivers to the driving situation as it exists here in RVN. Strict control of weapons, both TOE authorized and personal weapons, with weekly checks by the Hq Unit Commander have insured that the prescribed measures are being carried out and has been the contributing factor in preventing accidents involving weapons during the entire quarter. Orientation of drivers has lowered our accident rate. However, continual emphasis on good driving and driving experience will be the best deterrent in preventing vehicle accidents. The Fire Safety Program has gone into full swing with fire extinguishers and signs being placed throughout the hospital complex. A continuing effort on the part of all individuals within this unit will insure that fire hazards do not go unobserved and that proper actions are taken in the event of an actual fire.

The Savings Bond Program has been a complete success. Out of 301 personnel assigned, 295 people have savings bonds, for 98%. Continued effort is being placed to garner the final 2%.

Shortages of Medical Corps officers and Army Nurse Corps personnel that existed prior to this unit's departure from CONUS remained unfilled through most of the quarter. However, since the hospital became operational most of the shortages have been filled.

Officer personnel who have received CONUS assignments include LTC Holzworth, Hospital Commander, to Dependents' Medicare; MAJ Hill, ANC, to Sandia Base, New Mexico. During the coming months of February and March there will be a considerable turnover of both officer and enlisted personnel. At this time very few orders have been received assigning replacements into the 67th Evacuation Hospital.



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Promotion allocations during the report period were very satisfactory. Allocations in grades E4 and E5 were sufficient to allow us to promote all deserving personnel who met time in grade requirements. A few promotions in the higher enlisted grades were also accomplished. Notable among the latter were promotions of SFC E6 Norman A. Beschta, SP6 Richard W. Kirk, SP6 Andrew T. Preat, SP6 Herman J. Kopp, and SFC E6 Elmer L. Jones to SFC E7. (See Incl #3)

Numerous items of TOE medical equipment had been hand receipted to other medical units in the II Corps area for use during the period when this organization was non-functional. Upon receipt of notification that we would be operational within seven days, all of the above mentioned items were recalled. When those items were received all were inspected for completeness and serviceability, proper maintenance was performed, and, in a few instances, major repairs were necessary. All of this was accomplished, and the equipment was functional and was in place prior to the opening of the hospital.

Many necessary items, not included in the TOE, and not available in-country, were designed and fabricated by unit personnel. These items include chart racks, bedside tables, adjustable back rests, emergency treatment carts, wheeled litters, and carts for suction machines. Although borne of necessity and designed as a temporary expedient, these items have proven to be extremely practical and durable; it is anticipated that they will be used indefinitely. Designs for these pieces of equipment are available. If new units arriving in-country will contact the 67th Evacuation Hospital (attention Supply and Service Division) we will be happy to furnish copies.

One critical shortage with the opening of the hospital was autoclaves. Two (2) of our four (4) TOE autoclaves had been utilized and in turn salvaged by other units. The sterilizers were received on 26 October, thus relieving the problem.

Technical representatives from the CMMI team, USASC, QN, have been contacted on numerous occasions to answer questions and provide guidance concerning TM 38-750. The Veterinarian team was contacted and tested the quality of our basic load of "C" rations. The chemical item inspection team was contacted to check the condition of our chemical items and to offer suggestions for the improvement of our maintenance and storage of said items.

## SECTION II - COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS

### Part 1. Observations (Lessons Learned)

7 November 1966

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 October 1966 (RCS CSFOR-65)

### Unit Taxi Service

Item: Initiation of unit taxi service.

Discussion: TOE 8-581E authorizes three (3)  $\frac{1}{2}$  ton 4x4 vehicles and one (1)  $\frac{3}{4}$  ton 4x4 vehicle. The four vehicles authorized this organization do not provide enough transportation capability to meet normal administrative requirements. Distances are great and traffic moves very slowly in combat zones. In spite of efforts to consolidate trips and minimize waiting time by the drivers, we are still unable to respond to over 45% of the justifiable requests for transportation. Since we felt that we needed more factual justification for the submission of a MTOE, we initiated a hospital taxi service with the above mentioned vehicles, plus a carryall from Post Transportation Motor Pool.

Observation: The taxi service under one full time central dispatcher was able to receive all transportation requests, give them a priority, and dispatch vehicles so as to minimize transportation tie-ups and eliminate needless runs. Although we were unable to respond on every occasion, approximately 80% of all requests were filled, which was a vast improvement over previous methods.

### Operating Room Nurses

Item: Deletion of TOE Army Nurse Corps spaces, MOS 3443 (Operating Room Nurses), and substitution of Operating Room Specialist, MOS 91D20.

Discussion: Considering the type of war surgery being performed, it is necessary that an operating room nurse be available at all times. Since the 67th Evacuation Hospital has been authorized only one OR nurse, this coverage is impossible. The OR technicians who have been assigned in lieu of OR nurses do not have the training or the experience for decision making in the operating room.

Observation: One OR nurse cannot give round-the-clock coverage without a drastic reduction in her efficiency. An MTOE will be submitted as soon as adequate statistics are available to support our request.

### Part 2. Recommendations

Evacuation hospitals assigned for duty in Vietnam have a minimum of three (3) operating room nurses in order to have adequate 24 hour coverage daily.

3 Incl

1. Site Diagram
2. A&D Figures
3. Strength Figures

*Robert H. Holzworth*  
ROBERT H. HOLZWORTH  
LTC, MC  
Commanding

15  
AVCA MB-GB-B (7 November 1966) 1st Ind  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 October 1966 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 9 November 1966

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian,  
APO 96307

Commanding General, 1st Logistical Command, ATTN: AVCA GO-H,  
APO 96307

Commanding General, United States Army, Vietnam, ATTN: AVC-DH,  
APO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: GPOF-MH,  
APO 96558

TO: Assistant Chief of Staff for Force Development,  
Department of the Army, Washington, D.C. 20310

This headquarters concurs in the observations and recommendations  
contained in the basic report submitted by the Commanding Officer 67th  
Evacuation Hospital.

TEL: QN 679

*Edward T. O'Dell*

EDWARD T. O'DELL  
Colonel, MC  
Commanding

AVCA-IB-PO (7 Nov 66)

2nd Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 October 1966 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 25 November 1966


TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O, APO  
96307

1. The 67th Evacuation Hospital became operational on 5 October 1966, therefore, the hospital was operational 26 days during this report period.

2. Concur with comments and recommendations of hospital commander, and the comment contained in the 1st Indorsement.

FOR THE COMMANDER:

Lynx 893

  
RICHARD M. SELECT  
Major, MSC  
Adjutant

17 AVCA GO-O(7 Nov 66)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966  
(RCS CSFOR-65)

Headquarters, 1st Logistical Command, APO 96307 2 DEC 1966

TO: Deputy Commanding General, US Army, Vietnam, ATTN: AVHGC-DH, APO 96307


1. The Operational Report - Lessons Learned submitted by the 67th Evacuation Hospital for the quarter ending 31 October 66 is forwarded herewith.

2. Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEJ: Lynx 782/930

3 Incl  
nc



GLENN A. DOYLE  
Capt, AGC  
Asst. AG

AVHGC-DH (7 Nov 66)

4th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending  
31 October 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 15 DEC '66

TO: Commander in Chief, United States Army, Pacific, ATTN: GFCR-OM  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 October 1966 from Headquarters, 67th Evacuation Hospital as indorsed.

2. Reference Part II, Section II, Page 6 (Recommendation):  
Three operating-room nurses are presently assigned to the 67th Evacuation Hospital.

FOR THE COMMANDER:

  
W. R. AUTRY  
1st Lt, AGC  
Asst Adjutant General

1 Incl  
nc

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GPOP-OT (7 Nov 66) 5th Ind  
SUBJECT: Operational Report-Lessons Learned for the Period Ending  
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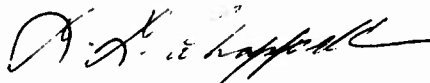
HQ, US ARMY, PACIFIC, APO San Francisco 96558

14 JAN 1967

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

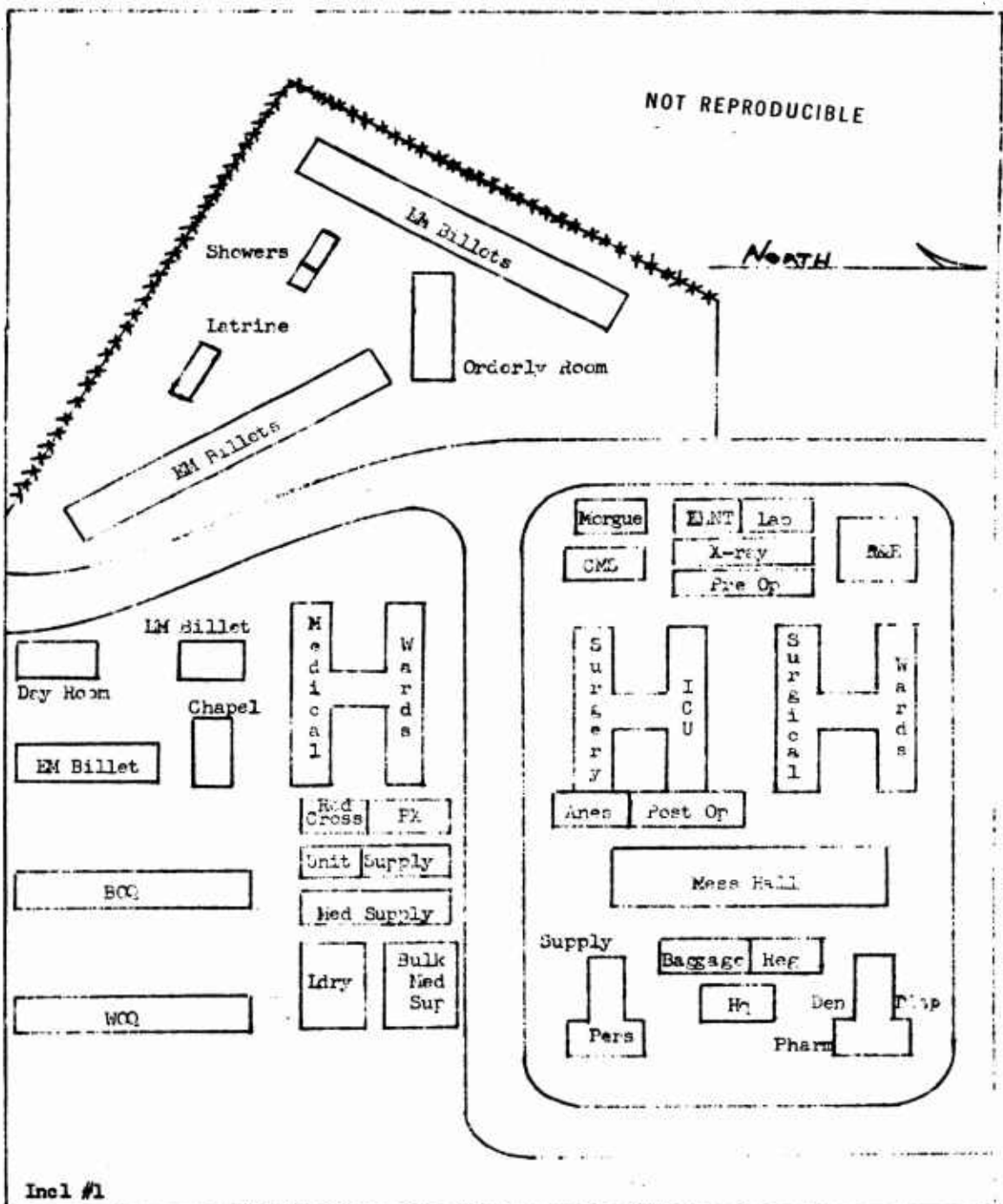
This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:



3 Incl  
nc

L. M. CHAPPELL  
MAJ, AG  
Asst AG





//

ADMISSION & DISPOSITION FIGURES (5-31 OCT)

Admissions . . . . . 410

IRHA . . . . . 49  
Malaria . . . . . 48  
Other . . . . . 313

Dispositions . . . . . 294

Duty . . . . . 192  
In Country . . . . . 51  
Out of Country . . . . . 33  
Other . . . . . 18

Out Patient Visits . . . . . 641

Immunizations . . . . . 300

# STRENGTH FIGURES

1. Authorized Strength as of 1 August 1966:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
90	1	222

2. Assigned Strength as of 1 August 1966:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
74	1	210

3. Authorized Strength as of 31 October 1966:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
90	1	222

4. Assigned Strength as of 31 October 1966:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
80	1	220

5. Appointment Allocations grades E4 & E5:

a. Received:	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>
E4	5	4	9
E5	1	5	12

- b. No allocations were returned.

6. Appointments for grade E6 were made by Commanding Officer, 55th Medical Group, APO 96238.

7. Appointments for grade E7 thru E9 were made by Commanding General, USASUPCOM, Qui Nhon, APO 96238.

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